

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | FILE NO. | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 59 | 12/14 |
| FORMALITY REVIEW | 41 | 875 | 13/29/01 |
| RESPONSE FORMALITY REVIEW | M.H. | 625 | 06-21-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

12/29/01